



## Electronic Billing Authorization

### DEFINITIONS:

**"Provider"** shall mean an institution, agency, or person who has been issued a provider number with the Department to furnish medical care, goods, and/or services to clients, and is eligible to receive payment from the Department.

**"Clearinghouse/Intermediary"** shall be the term herein used to describe a third party employed by the L&I provider to submit claims to the Medical Information Payment System (MIPS).

### PURPOSE

The purpose of this form is to authorize the Department of Labor & Industries (L&I) to accept electronically submitted bills for services provided to injured workers pursuant to the Industrial Insurance Act from the Provider named in the *Provider Information* Section on page 2:

### PROVISIONS

1. **Submission, receipt, processing and payment of electronic billing is completely voluntary.**
2. The Provider may contract with a third party for services to process billings.

**Clearinghouse/Intermediary information must be entered in the *Clearinghouse/Intermediary Information* Section on page 2. L&I must be informed prior to any changes being made to this information.**

3. The Provider accepts full responsibility for the accuracy and truthfulness of all bills submitted to L&I for payment on its behalf.
4. The Provider accepts full responsibility for all warrants endorsed or deposited on its behalf. Any payments forwarded to the Provider's third party shall be considered as payment to the Provider. L&I shall not be held further accountable for such payments.
5. The Provider understands that payment from L&I will be from state funds and that any falsification or concealment of a material fact may be prosecuted under state laws.
6. The Provider shall comply with all billing requirements and format specifications that are current at the time of the submission. Failure to comply with these requirements/specifications may result in suspension of this arrangement and/or rejection of submission(s) by L&I. For current information, be sure to check our web-site at [www.lni.wa.gov/HSA/payment.htm](http://www.lni.wa.gov/HSA/payment.htm).
7. **L&I shall contact the Clearinghouse/Intermediary (or Provider, if sending as an independent) upon completion of this Authorization to initiate electronic billing. To avoid possible billing errors, the Provider is advised not to proceed with electronic billing until instructed to do so by their Clearinghouse/Intermediary.**

PROVIDER INFORMATION:	
Name of Firm or Individual (Provider)	L&I Provider Account Number
Address	Contact name
Address	IRS Tax Identification Number
City, State, Zip + 4	Telephone
EFFECTIVE DATE:	
Enter the date that you want your bills to be processed through L&I using your requested Clearinghouse/Intermediary. Failure to enter an effective date may cause your bills to suspend or be denied.	
Effective Date _____	

CLEARINGHOUSE/INTERMEDIARY INFORMATION:	
Entry of Clearinghouse/Intermediary information below constitutes Provider's authorization for L&I to accept and process billing through the following Clearinghouse/Intermediary.	
Clearinghouse/intermediary Name	L&I Account Number For Clearinghouse/intermediary
Address	Contact name
City, State, Zip + 4	Telephone
	E-mail

Provider's signature below authorizes L&I to accept and process electronic billing within the provisions listed above.

\_\_\_\_\_  
Provider Name

\_\_\_\_\_  
Signature **(must be original signature)**      Date

\_\_\_\_\_  
Signatory Name (print name)

## **Instructions for Completing the Electronic Billing Authorization**

Prior to billing electronically, it will be necessary to execute an Electronic Billing Authorization. If you choose to employ a clearinghouse/intermediary to bill for you, the Billing Authorization includes a section for you to designate the name of the company and provides permission for the clearinghouse/intermediary to bill on your behalf.

After completing, **please make a copy for your file and mail the original** as instructed by your clearinghouse/intermediary – either return to them or to the Electronic Billing Unit. We will update your provider account and Email or call your clearinghouse/intermediary when you are set up in our system. If you are using a clearinghouse/intermediary, you will need to coordinate with them that you are ready to bill electronically.

### **PROVIDER INFORMATION**

**Name of Firm or Individual (Provider):** List the group/clinic name, or individual practitioner name if no group affiliation. Only one Authorization under the business name and tax Id is required to cover the entire group and any future practitioners added to the group. If an individual practitioner incorporates and adds other providers of service to his/her business under a new tax identification number (EIN), a new Billing Authorization will be required.

**Address:** List the provider's billing address.

**City, State and Zip:** List the city, state and zip code of the provider's billing address.

**L&I Provider Account Number:** List the group/clinic (or individual practitioner) provider account number assigned by L&I. This number is used to submit your bills electronically.

**Contact Name:** List the name of the person to contact if we have questions/concerns.

**IRS Tax Identification Number:** List your current taxpayer number (EIN or SSN).

**Telephone:** List the phone number of the provider's billing office.

**Effective Date:** Enter the date you will start sending bills for processing to your clearinghouse/intermediary. (Note: Our billing system accepts only one submitter. You must STOP sending bills to your old clearinghouse/intermediary before submitting to your new clearinghouse/intermediary. Changes to the system usually takes 3-5 days after receipt of the Billing Agreement)

### **CLEARINGHOUSE/INTERMEDIARY INFORMATION**

**Clearinghouse/Intermediary Name:** List the name of the clearinghouse/intermediary you will use.

**Address:** List the clearinghouse/intermediary business address.

**City, State and Zip:** List the city, state and zip code of the clearinghouse/intermediary.

**L&I Account Number for Clearinghouse/Intermediary:** List the L&I provider number of the clearinghouse/intermediary you will use.

**Effective Date:** Please verify effective billing date with the providers entry.

**Contact Name:** List the name of the person to contact if we have questions/concerns.

**Telephone:** List the phone number for the clearinghouse/intermediary.

**E-mail:** List the e-mail of the person to contact for billing setup notifications.

### **AUTHORIZING SIGNATURE**

**Provider Name:** Please print the group/clinic (or individual practitioner) name.

**Signature and Date:** The owner or office manager must sign and date the document. **NOTE: only original signatures will be accepted; no faxes or copies.**

**Signatory Name (Print Name):** Print the name of the person who signs the document.

If you have any questions regarding the Electronic Billing Authorization, please call (360) 902-6511.

Please return the completed Electronic Billing Authorization to the following address:

Department of Labor and Industries  
Electronic Billing Unit  
P.O. Box 44264  
Olympia, WA 98504-4264